

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Andrew Moses

**16CV7920**

No. \_\_\_\_\_

(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

-against-

**COMPLAINT**  
(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

officer Daniel Spies

officer John Doe

officer John Doe

officer John Doe

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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CLERK OF COURT  
2016 OCT 10 10:04 AM

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Andrew

First Name

M

Middle Initial

Moses

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

NYSID: # [REDACTED]

BKC: # 3491607870

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

M.D.C

Current Place of Detention

125 white street

Institutional Address

New York

County, City

NY

State

10013

Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Daniel Spies 14722  
 First Name Last Name Shield #  
officer of Housing Boro Manhattan Impact Response team  
 Current Job Title (or other identifying information)

Current Work Address

New YorkNY

County, City

State

Zip Code

Defendant 2:

John Doe  
 First Name Last Name Shield #  
officer of Housing Boro Manhattan Impact Response team  
 Current Job Title (or other identifying information)

Current Work Address

New YorkNY

County, City

State

Zip Code

Defendant 3:

John Doe  
 First Name Last Name Shield #  
officer of Housing Boro Manhattan Impact Response team  
 Current Job Title (or other identifying information)

Current Work Address

New YorkNY

County, City

State

Zip Code

Defendant 4:

John Doe  
 First Name Last Name Shield #  
officer of Housing Boro Manhattan Impact Response team  
 Current Job Title (or other identifying information)

Current Work Address

New YorkNY

County, City

State

Zip Code

*Barbara*

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: In the "Elevator" of building 227 2ave New York, NY 10029

Date(s) of occurrence: 07/13/2016

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On July 13, 2016, I Andrew Moses was apprehend after been found hiding under the sink cabinet of building 227 2ave #14D new York, NY 10029. Then I was brought out to the hallway were many officers, myself, and Shantell was waiting about 10-15 mins. Due to one elevator working at the time. As we was waiting one of the officers John Doe made a racial slur towards me causing other officers to laugh. Once the elevator arrived officer John Doe continued the foul remarks causing me to shake my head and utter to myself. Officer John Doe ask me what I said. As I started to reply I was stop abruptly in mid sentence as officer John Doe grab me by my hair banging my head against the elevator wall using excessive force causing me to panic and yell for help as officer John Doe then punches me multiple time's to the side of my right face and eye until my legs buckle down leaving me on my knee's. As the elevator reach the main platform I was lifted by my thumb and upper part of my shirt. While exiting the building I ask another officer or more like stated: "You couldn't help me". His reply was I should of kept my fucking mouth closed. Once's inside the proto-car they hand cuff my feet for what ever reason I dont know. I ask can they take me to the hospital and explain how I was in substantial pain while blood pour down my face. No reply as they spoke among them selves. We arrived to p5A 5 shortly afterwards

I was brought straight to the back by passing the front desk. Again I ask about the hospital and was neglected emergency service. I had passed out and was awoken by a officer asking me was I okay. I didn't answer due to me feeling dizzy with a headache on top of everything else that gone bad. I thought the officer came inside the cell holder to help me sit up straight or something but was wrong because he just ask him self out loud: "How could they miss my cell phone which was in my back side pocket. I ask what time it was. He informed me it was after 4 am, and I'll be in central booken soon. I ask for the 3<sup>rd</sup> time about taking me to the hospital he said to ask my arresting officer I was finger printed and received my property sheet and was leaving out the percent (PSA5) some time after 5 o'clock am to central booken were I was later being process and then seen by the tombs doctors were they told both of the officers I needed to be seen at a hospital and taking to a emergency room because my situation. Then the officers had no choices but to take me.

### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I suffered a severe blood clot to the middle of my forehead with a open cut wound to my right eye. Along with a sprained thumb I was put through a CAT scan & xray. The glved my up gave me meds such as meclizine hydrochloride, non-aspirin, IBuprofen and a ace bandage for my thumb.

### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I want to be accommodated one point five million dollars for trauma pain & suffering

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

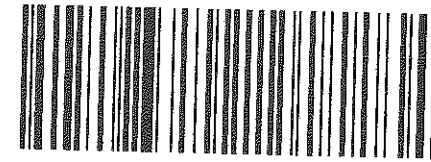
10/4/2016  
 Dated  
 Andrew M  
 First Name Middle Initial  
 Plaintiff's Signature  
 MOSES  
 Last Name  
 125 white street  
 Prison Address  
 New York NY 10013  
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 10/4/2016

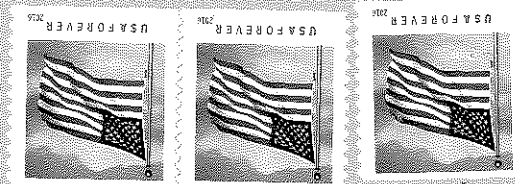


Andrew Moses  
#3491607870

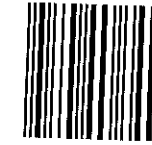
125 white street  
New York, NY 10013



CERTIFIED MAIL  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE



1000



10007

U.S. POSTAGE  
PAID  
NEW YORK, NY  
10013  
OCT 05, 16  
AMOUNT  
**\$5.89**  
R2304H109147-08

Prose intake unit  
500 Pearl Street  
New York, NY 10007

RETURN RECEIPT  
REQUESTED

USM<sub>P3</sub>  
SDNY

RECEIVED  
SONY PRO SE OFFICE  
2016 OCT -7 PM 3:49  
N.Y.

